

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/566578

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		-		-		
3		-		-		
4		-		-		
5		-		-		
6		-		-		
7		-		-		
8		-		-		
9		-		-		
10		-		-		
11		-		-		
12		-		-		
13		-		-		
14		-		-		
15		-		-		
16		-		-		
17		-		-		
18		-		-		
19		-		-		
20		-		-		
21		-		-		
22		-		-		
23		-		-		
24		-		-		
25		-		-		
26		-		-		
27		-		-		
28		-		-		
29		-		-		
30		-		-		
31		-		-		
32		-		-		
33		-		-		
34		-		-		
35		-		-		
36		-		-		
37		-		-		
38		-		-		
39		-		-		
40		-		-		
41		-		-		
42	/	-	/	-		
43		-		-		
44		-		-		
45		-		-		
46		-		-		
47		-		-		
48		-		-		
49		-		-		
50		-		-		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		-		-		
52		-		-		
53		-		-		
54		-		-		
55		-		-		
56		-		-		
57		-		-		
58		-		-		
59		-		-		
60		-		-		
61		-		-		
62		-		-		
63		-		-		
64		-		-		
65		-		-		
66		-		-		
67		-		-		
68		-		-		
69		-		-		
70		-		-		
71		-		-		
72		-		-		
73		-		-		
74		-		-		
75		-		-		
76		-		-		
77		-		-		
78		-		-		
79		-		-		
80		-		-		
81		-		-		
82		-		-		
83		-		-		
84		-		-		
85		-		-		
86		-		-		
87		-		-		
88		-		-		
89		-		-		
90		-		-		
91		-		-		
92		-		-		
93		-		-		
94		-		-		
95		-		-		
96		-		-		
97		-		-		
98		-		-		
99		-		-		
100		-		-		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						